

Standards for Young Adults Supported Accommodation Projects Self Assessment/Audit Tool

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| Project: | |
| Name of the Auditor: | |
| Designation: | |
| Date of the Audit/Self Assessment: | |

Theme 1: Standard 1 Criteria 1-3 Provision of Information

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|---------|--|----------|-----------------|--------------|-----|---------------|----------------------------------|
| 1.1.1 | Is there an up to date statement of purpose and function in place for the project? Has the most recent document been sent to RQIA/When? | | | | | | |
| 1.1.2/3 | Is there an up to date Information Booklet available for referrers? Is there an up to date Young People's Guide available containing recommended information? (Appendix 1 Standards) | | | | | | |

Theme 1: Standard 2 Criteria 1-6 Service Referral and Assessment

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
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| 1.2.1 | Does the project have an Induction File and Operational Manual in place? | | | | | | |
| 1.2.1&2 | Is there a clearly documented referral procedure and appropriate referral form in place? Do young people have access to all the information about them which is used as part of the referral and assessment process? Is there a copy of general house rules available in the Young People's Guide and operational manual? | | | | | | |
| 1.2.1 | Does the project have a register of pre placement visit and written referrals to the project including the outcomes of the processes? | | | | | | |
| 1.2.3 | Is there evidence on individual files of a | | | | | | |

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| | named support worker for each young person? | | | | | | |
| 1.2.4 | Is there evidence on file of a Consent Form signed by young people to enable information sharing about them with agencies? | | | | | | |
| 1.2.5 | Is there a written Information Sharing protocol in place based on the agreed guidance document? Is there evidence on files of appropriate information sharing between agencies including relevant assessment reports and plans? | | | | | | |
| 1.2.6 | Is there an Assessment Practice Toolkit available at the project? Is there evidence of UNOCINI documentation on young people's files? Is there evidence on files of the project using an appropriate risk assessment tool? Are there up date needs | | | | | | |

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| | and risk assessment reports on young people's files? | | | | | | |
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Theme 1: Standard 3 Criteria 1—6 –Support Planning

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|------------|---|-----------------|------------------------|---------------------|------------|----------------------|---|
| 1.3.1 | <p>Is there an up to date copy of the Young Person’s Placement Agreement and Support Plan on each individual file? Is it clear from the record that the young person was involved in the process? Does each young person have a copy of his/her plan and Agreement?</p> | | | | | | |
| 1.3.2 | <p>Do Support Plan proformas adequately reflect the areas of support and interventions which can be delivered by the Project to meet housing support and care needs? Is it evident from Support Plans that plans are based on assessed needs? Are there copies of relevant plans on file e.g. Pathway or Child in Need Plans?</p> | | | | | | |
| 1.3.3 | <p>Do support and risk management plans reflect appropriate boundary setting for young people</p> | | | | | | |

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| | <p>commensurate with their level of need and ability. Are their signed copies of plans on each individual's file?</p> | | | | | | |
| 1.3.4 | <p>Do support and risk management plans clearly indicate communication and contact arrangements between the referrer/case manager and the provider?</p> <p>Where this is not upheld by the referrer is there evidence on file of correspondence highlighting appropriate challenge by the provider?</p> | | | | | | |
| 1.3.5 | <p>Do files reflect the use of the NI Outcomes Framework in practice? Are Young Peoples plans written in an Outcomes Focused Way?</p> <p>Do files contain records of interventions and support to young people by project staff in line with agreed actions contained within the</p> | | | | | | |

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| | Support Plan? | | | | | | |
| 1.3.6 | <p>Is there a clear standardized file structure in place at the project? Is this evident on young people's files?</p> | | | | | | |
| 1.3.6 | <p>Are there clear policies and procedures in place regarding: Data protection Confidentiality Safe storage of information Access to Records by young People, relevant staff and managers.</p> <p>Are Supervision records on file regularly signed off by managers?</p> | | | | | | |

Theme 1: Standard 4 Criteria 1-2 Reviewing the Support Plan

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
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| 1.4.1 | <p>Is there a clear project policy on Assessment/Support Planning and Review processes?</p> <p>Are there copies of review meetings and agreed review dates on files?</p> | | | | | | |
| 1.4.2 | <p>Do case notes reflect invitations to other agencies/parties to attend reviews?</p> <p>Is there evidence of young people's contributions to the review process?</p> | | | | | | |

Theme 1: Standard 5 Criteria 1-3 Ending or Leaving the Service

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|---|-----------------|------------------------|---------------------|------------|----------------------|---|
| 1.5.1 | <p>Is there a written policy to reflect the project's procedure for the management of planned and emergency departures from the project?</p> <p>Is there a clear exit pathway for the young person identified in support plans and review minutes?</p> <p>Do closure plans clearly reflect the outcomes achieved for the young person in placement?</p> | | | | | | |
| 1.5.2 | <p>Do support or exit plans highlight post placement support arrangements and associated time scales for young people?</p> | | | | | | |
| 1.5.3 | <p>Is there an Exit Questionnaire available? Are there copies of Exit Interviews available on young people's records?</p> | | | | | | |

Theme 1: Standard 6 Criteria 1-7 Lifestyle/Personal and HealthCare Support

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|---|-----------------|------------------------|---------------------|------------|----------------------|---|
| 1.6.1 | <p>Is there and Equality and Diversity policy and plan in place at the project?</p> <p>Have staff received appropriate training in Equality and Diversity?</p> <p>Is there feedback from young people to indicate compliance with Standard 1.6.1?</p> | | | | | | |
| 1.6.2 | <p>Is there evidence of information being available in user friendly formats and arrangements made to meet the needs of those with specific cultural or learning needs?</p> | | | | | | |
| 1.6.3 | <p>Are the young people's needs being met in terms of Standard 1.6:2&3/Appendix 5 regarding access to a range of supports and services?</p> | | | | | | |

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| 1.6.4 | <p>Is there a culture of promoting independence and individual choice for young people evident in project policies and procedures and support and risk management plans? How is this evident within project practice and Support Plans?</p> | | | | | | |
| 1.6.5 | <p>Is there a clear Visitors Policy at the project?</p> <p>Are young people clear about the rules of the Visitors Policy and how this applies to each individual dependent on needs and risks?</p> | | | | | | |
| 1.6.6 | <p>Are there arrangements in place at/by the project to facilitate young people's needs to meet their visitors in private?</p> | | | | | | |
| 1.6.7 | <p>Do individual Support and Risk Management Plans address arrangements and provisions for overnight stays out of the Project?</p> | | | | | | |

Theme 1: Standard 7 Criteria 1-7 Safeguarding and Child Protection

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|---------|--|-----------------|------------------------|---------------------|------------|----------------------|---|
| 1.7.1/2 | <p>Is there an appropriate Safeguarding Policy and Procedure in place at the project?</p> <p>Is there a named Designated Officer for Child Protection?</p> | | | | | | |
| 1.7.2 | <p>Are staff aware of the policy and clear about how to implement it?</p> | | | | | | |
| 1.7.3 | <p>Is there an appropriate procedure in place for recording and reporting all untoward incidents and associated action plans?</p> <p>Is there a written record of incidents of alleged, suspected or actual abuse, details of investigative actions, outcomes and actions taken by the Project?</p> <p>Is there a Serious Adverse Incident policy?</p> | | | | | | |

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| 1.7.4/5 | Are all appropriate Access NI and Vetting and Barring checks completed and up to date for all staff and volunteers? | | | | | | |
| 1.7.6 | Are risk assessment and risk management plans in place for all service users? | | | | | | |
| 1.7.7 | Is there a Whistle Blowing Policy in place? | | | | | | |

Theme 1 Standard 8 Criteria 1-2 – Service User Involvement and Participation

| 1.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|--|-----------------|------------------------|---------------------|------------|----------------------|---|
| 1.8.1 | <p>Is there a Service User Involvement and Participation Strategy in place?</p> <p>Is there evidence of a range of methods in place to ensure young people’s participation in service design and review?</p> <p>Is there evidence of young people contributing practically to the maintenance of communal and private spaces within the accommodation?</p> | | | | | | |
| 1.8.2 | <p>Is there evidence of discussions with young people challenging decisions made about them?</p> | | | | | | |

Theme 2 - Quality of the Physical Environment

Theme 2 Standard 1 Criteria 1-8 Quality of Accommodation

| 2.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|---|-----------------|------------------------|---------------------|------------|----------------------|---|
| 2.1.1 | Is the accommodation located in area which is accessible to services and facilities? | | | | | | |
| 2.1.2 | Are there appropriate security checks and measures in place in line with the project's statement of purpose and function? | | | | | | |
| 2.1.3 | Are there clear procedures for crisis management at the service? | | | | | | |
| 2.1.4 | Does each young person have his/her own bedroom or self contained flat which is appropriately furnished? | | | | | | |
| 2.1.5 | Does the accommodation meet the required legal standards for adequate | | | | | | |

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| | floor space? | | | | | | |
| 2.1.6 | Is there enough provision to allow young people to house their own personal possessions? | | | | | | |
| 2.1.7 | Is there a range of comfortable shared space at the project for shared activities and private use? | | | | | | |
| 2.1.8 | <p>Is the project well maintained in terms of a good standard of décor in individual and group living spaces?</p> <p>Do facilities exist which support and enable young people to take greater responsibility for themselves e.g food storage, cooking / kitchen facilities, laundry</p> | | | | | | |

Theme 2 Standard 2 Criteria 1-4 Health and Safety

| 2.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|--|-----------------|------------------------|---------------------|------------|----------------------|---|
| 2.2.1 | <p>Where applicable does the accommodation meet the HMO standards?</p> <p>Where not applicable is there a risk management plan in place to ensure the accommodation is fit for purpose?</p> | | | | | | |
| 2.2.2 | <p>Is the project adequately insured and is the insurance certificate visible at the project?</p> | | | | | | |
| 2.2.3 | <p>Is there a properly maintained property file at the project?</p> <p>Does the project comply with all aspects of NI Health and Safety and Fire regulations?</p> <p>Is there an up to date Fire Risk Assessment in place which is regularly reviewed?</p> | | | | | | |

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| 2.2.4 | <p>Is there evidence of a local protocol with the PSNI to assist with management of any incidents involving young people who are resident at the project?</p> <p>Is there a register of all incidents of PSNI involvement in responding to incidents within the Project?</p> <p>Does the register provide details of the incidents, intervention, outcome and follow up actions?</p> | | | | | | |
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Theme 3 Quality of Staffing, Management and Leadership

Theme 3 Standard 1 Criteria 1-2 –Staffing Arrangements

| 3.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|--|-----------------|------------------------|---------------------|------------|----------------------|---|
| 3.1.1 | <p>Are there robust recruitment, appointment and retention policies in place?</p> <p>Are there appropriate Induction arrangements in place for all new staff?</p> <p>Are all staff registered with or in the process of registration with NISCC?</p> | | | | | | |
| 3.1.2 | <p>Is there an appropriate Training and Learning and Development Plan in place for staff?</p> <p>Is there an appropriate Supervision Policy in place and implemented?</p> | | | | | | |

Theme 3 Standard 2 Criteria 1-6 Management Arrangements and Requirements

| 3.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|-------|---|-----------------|------------------------|---------------------|------------|----------------------|---|
| 3.2.1 | Is the manager of the service in receipt of the appropriate level of qualification and experience? | | | | | | |
| 3.2.2 | Is there a robust range of up to date service, operational and employment policies and procedures in place and implemented as per Appendix 6 of the Standards? | | | | | | |
| 3.2.3 | Is there a Code of Conduct for employees in place and implemented? | | | | | | |
| 3.2.4 | Are there plans in place for ongoing team reviews of policy, procedures, working practices and protocols? Are team meetings held regularly and recorded? | | | | | | |

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| 3.2.5 | <p>Does the project have a completed and up to date Business Plan which staff have been involved in formulating?</p> <p>Is there a robust system of Financial Management in place?</p> <p>Is the service accreditation with SP up to date?</p> <p>Are service monitoring reports to funders completed on time and submitted?</p> | | | | | | |
| 3.2.6 | Is the service well represented in management and strategic planning forums? | | | | | | |

Theme 4 Quality of Quality Assurance and Monitoring

Theme 4 Standard 1 Criteria 1-4 – Quality Assurance and Monitoring

| 4.0 | | Achieved | Partly Achieved | Not Achieved | n/a | Not Evidenced | Comments/Improvement Action Plan |
|---------|---|-----------------|------------------------|---------------------|------------|----------------------|---|
| 4.1.1/2 | <p>Is there a Project Health Check/Self Assessment process in place?</p> <p>Has the projected completed the SP QAF as required?</p> | | | | | | |
| 4.1.3 | <p>Is there a clear Complaints procedure in place and are young people supported in making any complaints they may have?</p> <p>Is there a register of complaints held at the project?</p> <p>Is there evidence that all complaints are responded to in a timely manner and efforts to resolve issues clearly documented?</p> | | | | | | |

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| 4.1.4 | Are there copies of RQIA Inspection reports or completed QAF available? Are SLA's/SBA's in place with funders/statutory bodies? | | | | | | |
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